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U.S. DISTRICT COURT, E.D.N.Y.
MEMORANDUM

★ AUG 3 2006 ★

From:

EDWARD R. KORMAN

BROOKLYN OFFICE

Chief District Judge
~~U.S. Magistrate Judge~~

To: —

Mr. Ralph Guillaume
Acting Health Services Administrator
Metropolitan Correctional Center

Legal Dept. Les Owen, Senior Staff Atty.
Confirmation # 646-836-7665
Fax # 646-836-7665
Alt. Fax # 646-836-7680
646-836-7734 (after 5 PM)

— Ms. Stephanie Middleton
Health Services Administrator
Metropolitan Detention Center

Legal Dept. Rina Desai, Staff Atty xt 4740
Confirmation # 718-840-4200 xt 4739
Fax # 718-840-4250
Contact Duty Psychologist or Operations
at 718-840-4200 for fax # after 4:30 PM.

RE:

Medical Evaluation of Inmate

On the date noted below, defendant GABRIEL ABRAHAM

USMS# - 053, who is currently detained at the Metropolitan Correctional/Detention Center, advised the Court that he was in need of medical attention. The Court brings this matter to your attention so that the inmate's medical problem may be addressed promptly. The specifics of the inmate's medical condition are as follows:

Schizophrenia with psychotic + depressive features

Dated:

7-7-06

Brooklyn, New York

s/Edward R. Korman

~~U.S. Magistrate Judge~~

Les D J
7/17/06

Please call 718-613-2620 with any questions.

ROBERT H. BERGER, M.D.

PSYCHIATRIC - LEGAL CONSULTATIONS

77 PARK AVENUE • NEW YORK, NEW YORK 10016 • TELEPHONE (212) 344-3400 • FAX (212) 344-3535

CLINICAL PROFESSOR OF PSYCHIATRY
NEW YORK UNIVERSITY SCHOOL OF MEDICINESECTION CHIEF, FORENSIC PSYCHIATRY
MENTAL ILLNESS PREVENTION CENTER
NEW YORK UNIVERSITY SCHOOL OF MEDICINE
ROBERT.BERGER@MED.NYU.EDU

The Hon. Chief Justice Edward R. Korman
United States District Court
Eastern District of New York
225 Cadman Plaza East
Brooklyn, N.Y. 11205

July 7, 2006

Re: Gabriel Abraham, 05 Cr. 610

Chief Justice Korman;

I examined Gabriel Abraham—a defendant detained at the Metropolitan Detention Center-Brooklyn, New York—on January 24, 2006 for a total of 4.5 hours. The examination consisted of a thorough psychiatric and psychosocial evaluation. I explored events in his past and present personal history including childhood and family history, education and employment history, medical and/or psychiatric history, any history of drug or alcohol use, and interpersonal as well as social history. I conducted a study of Mr. Abraham's current mental state. I observed his appearance, his behavior and his attitude. I noted what he said and the way in which he said it. I observed his mood and his emotional reactions. I made a study of the form, quality and content of his speech and thoughts. I assessed his intelligence, cognitive functioning, and whether he was oriented in all spheres. I explored his insight into any illness that is present as well as insight into his behavior, and I assessed his judgment and impulse control. I administered the Millon Clinical Multiaxial Inventory, 3rd Revision (MCMI-III), a psychodiagnostic test. I reviewed psychiatric records and the MCMI-III interpretive analysis report.

Based on the findings of the examination, past psychiatric history, and the MCMI-III results, it is my opinion that Mr. Abraham suffers from a schizophrenic spectrum disorder with prominent paranoid and depressive features. He has experienced recurrent episodes of psychosis characterized by auditory hallucinations, referential ideation, persecutory ideation, and paranoid delusions. He has experienced recurrent episodes of major depression characterized by dysphoric mood, insomnia, obsessive ruminations, anergy, anhedonia, self-injury, and suicidal ideation. He has a history of prominent substance abuse, to wit, excessive alcohol and marijuana consumption.

By history, Mr. Abraham's illness has been stabilized and symptoms have diminished with psychiatric treatment consisting of psychopharmacologic management together with supportive and substance abuse counseling. Mr. Abraham has responded well to, and has

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tolerated, combined pharmacotherapy consisting of atypical antipsychotic, SSRI antidepressant, and mood stabilizer medications.

The following regimen of medication is recommended based on the patient's current mental status and past psychiatric history:

Risperdal 4 milligrams daily (in divided doses)
Zoloft 150-200 milligrams daily (as one dose or in divided doses)
Depakote 1000 milligrams daily (in divided doses)

It is respectfully recommended that psychiatric/medical staff initiate treatment to include psychotropic medication consistent with this regimen. The specific medication, doses, and titration to be in accordance with the facilities protocols and formulary in conjunction with monitoring of the inmate/patient's mental status, response, and side-effect profile.

Yours truly,



Robert H. Berger, M.D.
Diplomate, American Board of Psychiatry & Neurology (Psychiatry and Forensic Psychiatry)